



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 4251

Bib Data Sheet

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER 10/671,340 | FILING DATE 09/25/2003 RULE | CLASS 514 | GROUP ART UNIT 1654 | ATTORNEY DOCKET NO. GOUD:038US |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

APPLICANTS

Denis Gravel, St-Lambert, CANADA;
 Krishna Peri, St-Laurent, CANADA;
 Thierry Abribat, Montreal, CANADA; Abdelkrim Habi, Dollard des Ormeaux, CANADA;

** CONTINUING DATA *****
 This appln claims benefit of 60/413,171 09/25/2002

** FOREIGN APPLICATIONS *****
 None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 01/12/2004

| | | | | | |
|--|--|-------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>J. Russell</i> Initials: | STATE OR COUNTRY CANADA | SHEETS DRAWING 6 | TOTAL CLAIMS 19 | INDEPENDENT CLAIMS 1 |
|--|--|-------------------------------|------------------------|-----------------------|----------------------------|

ADDRESS
 Michael R. Krawzsenek
 Fulbright & Jaworski L.L.P.
 Suite 2400
 600 Congress Avenue
 Austin, TX
 78701

TITLE
 Modified GLP-1 peptides with increased biological potency

| | | |
|-----------------------------------|---|--|
| FILING FEE RECEIVED 450 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
|-----------------------------------|---|--|